i di	Application of Docker Humb
PATENT APPLICATION FEE DETERMINATION RECORD	C- (0-)

Effective December 29, 1999

application or Docket Number

602801

CLAIMS AS FILED - PART I (Column 1) (Column 2)							· · · ·	SMALL ENTITY TYPE O		OR	OTHER THAN		
FOR NU		UMBE	R FILED		NUMBER EXTRA		ſ	RATE	FEE		RATE	FEE	
ВА	SIC FEE						345.00	OR		690.00			
то	OTAL CLAIMS 15 minus 20=				f		X\$ 9=		OR	X\$18=			
IND	EPENDENT CL	AIMS	į	minus	3 =	*	/		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	V
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A	a	CLAIM REMAIN AFTE AMENDM	IING R		1 121	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	· 20	2 .	Minus	**	20,	=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=/		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
								<b>-</b>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colum			-	Column 2)	(Column 3)						
AMENDMENT B	5 28 02	REMAIN AFTE AMENDM	IING R		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*		Minus	и**	0)	. =		X\$ 9=		OR	X\$18=	
AIME	Independent	٠ <u>ـ ـ</u>	25.14	Miffus /	···	SENT OF ARE	=		X39=		OR	X78=	
1	FIRST PRESE	NIATION	OF MU	LIPLE DEF	ENL	JENT CLAIM		!	+130=		OR	+260=	
								L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colum	n 1)		(C	olumn 2)	(Column 3)	_			-	· · · · · · · · · · · · · · · · · · ·	
AMENDMENT C		CLAIM REMAIN AFTE AMENDM	IING :R	•	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***		=		X39=		OR	X78=	
Ĥ	FIRST PRESE	NTATION	OF ML	ILTIPLE DEF	PEND	DENT CLAIM	<del></del>	<b>!</b> ├					
۱.	f the entry in colu	mn 1 is less	than th	e entry in colu	ımn 2.	, write "0" in co	lumn 3.	L	+130= TOTAL		OR	+260= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

•	- 4
APPLICATION NUMBER:	CV28VI
E. G.C. TOCK HOWER:	_00001
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,	Sm./ጊታ					Sin Entiry	Lg Entiry	(0(3)
Carlo Filing Fee	2017(1)						at citing	690°
Total Claim: >20	205.101		-20 -		Х		<u> </u>	<del>0</del> /0_
Independent Claum: >)	202/(02		. j. <b>-</b>		X		•	`
Multi Dep Claim Present	204/104		•	<del></del>			'	
Surcharge	205/104						•	13000
English Translation	119						:	<u> 100 </u>
TOTAL FEE CALCULA	<u> </u>							
Foos due upon filing th	te application							
Total Filing Fees Due :	= s <u>8</u>	2000						
Less Filing Fees Submi	ned - 5 <u>/</u>			·	_			
BALANCE DUE	= 5 82	Doo						
Diffied of Initial Paignt E	N xamination				•			

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FORM OIPE-RAM-01 (Rev. 12/97)